

# AMES LABORATORY CONFINED SPACE ENTRY PERMIT

Date:	Time:	Estimated Time of Expiration:	Actual Time of Completion:
Location and Description of Confined Space:			
Permit Space Hazards (Indicate Specific Hazards with Initials):			
<input type="checkbox"/>	Oxygen Deficiency (less than 19.5%)	<input type="checkbox"/>	Toxic Gases or Vapors (greater than PEL)
<input type="checkbox"/>	Oxygen Enrichment (greater than 23.5%)	<input type="checkbox"/>	Mechanical Hazards
<input type="checkbox"/>	Flammable Gases or Vapors (greater than 10% of LEL)	<input type="checkbox"/>	Electrical Hazards
<input type="checkbox"/>	Airborne Combustible Dust (meets or exceeds LEL)	<input type="checkbox"/>	Engulfment
<input type="checkbox"/>	Radiological	<input type="checkbox"/>	Other
Purpose of Entry:			
Name of Entrant(s):		Name of Attendant(s):	
Comments:			

Special Requirements:	YES	NO	Special Requirements:	YES	NO
Lockout/Tagout	<input type="checkbox"/>	<input type="checkbox"/>	Tripod/Harness	<input type="checkbox"/>	<input type="checkbox"/>
Lines Blanked	<input type="checkbox"/>	<input type="checkbox"/>	Additional Lighting (explosion proof)	<input type="checkbox"/>	<input type="checkbox"/>
Additional Ventilation (purge)	<input type="checkbox"/>	<input type="checkbox"/>	Protective Clothing (gloves, suit, hard hat, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Secure the Area	<input type="checkbox"/>	<input type="checkbox"/>	Hot Work Permit	<input type="checkbox"/>	<input type="checkbox"/>
Communications / Radio	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

**Entering a Permit Required Confined Space with a SCBA is Prohibited.**

Atmospheric Testing Required Every __ Hours/Min(s)	Acceptable Levels	Before Entry	Re-Entry (Time)	Re-Entry (Time)	Entry Supervisors Initials	Employee Initials
Oxygen	19.5 – 23.5%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
% Lower Explosive Limit	<10 %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide	<20 PPM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrogen Sulfide	<5 PPM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument Used:		Serial #:		Date of Last Calibration:		

Plant Protection Office Notified Prior To Entry:	Yes
Plant Protection Office Notified Upon Completion of Confined Space Entry:	Yes

Permit Required Confined Space Reclassified to Non-Permit Space	Yes	No
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The work and safety precautions authorized by this permit have been reviewed. Instructions, safety procedures and appropriate MSDS's have been received and are understood. This permit is not valid unless all appropriate items are completed.

Name of Person Conducting Testing:	
Print:	Signature:
Supervisor or ESH&A Authorizing Entry:	
Print:	Signature:
Entrant Reviewed and Approved Atmospheric Monitoring and Safety Precautions:	
Print:	Signature:

## EMERGENCY ACTIONS:

**Entrant(s):** shall immediately self evacuate if a hazard is detected / perceived by Entrant / Attendant.  
**Attendant(s):** shall summon emergency assistance by telephone (911) or two-way radio (BASE 2).  
 The attendant shall not, under any circumstances, enter the confined space to attempt a rescue.

**Post Permit At Site - Send to ESH&A after entry is completed.**